

## **South Carolina** Department of Insurance 300 Arbor Lake Drive, Suite 1200

Columbia, South Carolina 29223

ELEANOR KITZMAN **Director of Insurance** 

MARK SANFORD

Governor

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## **State of South Carolina Department of Insurance**

## AFFIDAVIT OF COMPLIANCE

STATE OF		
Personally appeared		
Who being duly sworn, says he is t	(President or Chief Executive Officer)	
	(President or Chief Executive Officer)	
of (Name of Company)		
the terms and obligations imposed	olated any of the laws of the State of South Carolina and that it all by the laws of the State as a part of the consideration for the is of said State of a license to do business in said State.	
	(Signature of President or Chief Executive Officer)	
Sworn to before me this the		
day of		
	(SEAL)	

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